DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

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PATIENT'S HISTORY CARD.—The history card, approved and recommended at the San Francisco meeting of the National Organization for Public Health Nursing, has been in use a little more than a year. It is printed by a Chicago firm and is sold either through the headquarters of the Association, 600 Lexington Avenue, New York City, or directly from the firm. It is a five by eight card printed on good stock, well ruled, well spaced, clearly printed. The paper does not easily bend or tear, very important points to be considered when a large number of cards have to be handled.

The items are taken up in the following order:

First line, "Name." This should be written surname first, given name last, or still better, in a community where there are very many families with the same name or where nurses write as rapidly and as illegibly as most hurried people write, the initial letter of the surname should be printed. Then follow the words "Male, Female; White, Colored; Single, Married, Widowed." The correct word for sex and race, also for marital condition should be underscored rather than checked. A busy nurse can check any one of these words in such a way that the whole seven seem involved. An underscored word, however, is instantly seen when the card is picked up.

"Age," the next item, has come in for a great deal of discussion. According to insurance companies it should be 'age next birthday;' most C. O. S. records ask for 'date of birthday;' the average record used in business houses, public schools, health departments, and visiting nurse associations simply takes the age of the individual on the day questioned. "Age next birthday" is undoubtedly more scientific, although it is not nearly so helpful to know that a patient will be two on his next birthday as it is to know that he is fourteen months old and in his second summer.

"Birthplace" is usually given by country only—for instance, "United States," "Italy," "England," though in some associations the town as well as the country of birth is included.

"Occupation" is, as a rule, indefinitely filled out. These cards were primarily planned to help nurses to take better care of their immediate families rather than to collect industrial disease statistics. If, incidentally, they help in this latter classification, they will be more valuable than they are, but one cannot ask for all information simply because it is interesting and occasionally helpful. In certain localities this item "occupation" counts for very little; in others it is extremely valuable and therefore in such places the occupation could be dwelt upon in the "remarks" space at the foot of the card.

"No." is a concession to those nurses who number their cases. Two systems are pretty generally in vogue: one is a case number for every patient, the cards being filed numerically, a smaller index file being kept alphabetically. This, however, involves two files and a good deal of looking up when a certain history card is wanted, particularly if it is a closed case. On the other hand, history cards are bulky and more difficult to run over rapidly than the smaller index cards, therefore many dispensaries and a number of associations still use the numbering system.

On the second line are:

"Date," which means date of first visit rather than the date referred, two quite different things for the average rural or county nurse, usually the same date for a nurse in a big city.

"Address," this should be plainly written out, and in a large city, the abbreviation for Street, Boulevard, Court, Road, or Place, should be added in case there are thoroughfares bearing the same or similar names. The numbers should be written carefully. Nothing is more irritating than to visit 1734 Smith Street only to find that the family really lives at 1954 on the same street. Some people make their 7's and 9's, and 5's and 3's so alike that no one but themselves understands which is intended. The time wasted in looking up the two addresses is not the only harm done.

The intials "F. S. R." stand for front, side, rear entrances.

"B.1.2.3." mean basement, first, second, or third floor. In some cities the abbreviation "Cot." for cottage, and more n merals for other floors are needed, but space is left so that these may be written in.

"Referred by" helps the nurse to get in touch with the interested individual or agency if some immediate report needs to be made, and it also shows how many and what types of people are calling on the Association for nursing assistance. This is particularly helpful to strange nurses coming into a town or a new district.

The word "District" refers to the nursing district and is intended for use in large cities where there is more than one nurse and more than one district.

The next line, "Diagnosis (with date)" is asked because the nurse may occasionally carry a patient for days or even weeks before the physician gives his final diagnosis. For instance, a case that seems like pneumonia may eventually be diagnosed as tuberculosis; a case in which typhoid fever is feared may prove to be something less serious. If, however, the case of tuberculosis has been carried four or five weeks by one agency, when it should have been transferred to another, the fact that the correct date when the diagnosis was received is charted, explains at once the apparent lack of coöperation between the two agencies. The diagnosis should be given as accurately as possible. Of course some physicians refuse to give correct diagnoses or any diagnoses. Occasionally the complication is given as the diagnosis, and *vice versa*. In cases of this sort, a note to this effect should be made at the foot of the card. When a nurse, for instance, carries two hundred cases of "cardiac" in one year, it rather helps if she emphasizes on the history card that this is the only diagnosis obtainable. The diagnosis must be given by a physician. A case placarded by a health department for diphtheria is occasionally not diphtheria. A case obviously tuberculosis may be diagnosed by the attending physician as 'chronic bronchitis' and the nurse will be very much embarrassed, later, if her diagnosis is discussed and questioned. Occasionally a patient with one disease is treated for another. For instance, it is not unusual to treat a pregnant woman for some medical or surgical condition, the diagnosis in that case should be the condition for which the treatment is being given, and the complication should be 'pregnancy' or any other condition which is present.

"Physician." The address as well as the name, with the initials, is particularly necessary in large cities, and useful in small places where there are several physicians in the same family or of the same name.

"Date First Visit," "Date Last Visit," "Total Visits," "Nursing Visits," are self-explanatory. A "nursing visit" is anything which involves the use of nursing technique, as distinct from nursing knowledge. It requires the use of nursing technique to take a temperature and give a hypodermic; nursing knowledge is essential if one is going to observe rather obscure symptoms or carefully instruct a mother in the isolation of a contagious case. Some societies group their visits differently, as nursing, instructive, friendly, social, prenatal, etc., but this card is prepared as a minimum of useful and valuable information, not as a maximum. It pre-supposes little or no clerical assistance for the nurse and its aim is not to make her work heavier but better.

"Condition on Discharge," "Recovered, Improved, Unimproved,

Died, Nurse not needed," should be underscored. "Recovered" is used rather than "Cured" as there was so much quibbling about the possibility of curing 85 per cent of our cases. Many of them are dismissed distinctly improved and a fairly large number are dismissed recovered from the condition which made our care necessary. If there is nothing further which a nurse may do for the patient, if the physical condition is decidedly better, the word "Recovered" should be used without too many qualms or too much quibbling. If, on the other hand, the condition is chronic or semi-chronic, like paralysis, syphilis, tuberculosis, malnutrition; if the patient shows some improvement and may be cared for entirely by his family or may take care of himself, the case should be dismissed "Improved."

"Dismissed to Family, Hospital, Dispensary, Other Care." Some space is left here for other classifications if locally desired. The name of the hospital or dispensary or the kind of other care, should be inserted for statistical purposes and to show how much work certain hospitals and dispensaries are doing for us or, in case of later dispute as to the proper disposition of the case.

The next group, "Free, Paying, M. L. I., Industrial, Sick Benefit," is self-explanatory. We are sometimes asked how we classify a patient who pays occasionally but not regularly. The word "Paying" is underscored in these cases, as the amount or the frequency of the fee is always entered on the other side of the card. A "free" patient is one who never pays anything for his care and for whom no one else pays. This classification is bound to be somewhat overlapping, as an industrial or an insured patient, so frequently becomes a free patient; but it is useful on various occasions, and worth keeping up.

(To be continued.)

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ERRATUM

In this department of the January JOURNAL, a statement was made crediting the Orthopoedic Clinics, now being held in New York state, for 1916 Infantile Paralysis cases, to the State Charities Aid. This was an error, as the clinics are under the direct management of the State Department of Health, the State Charities Aid only having assumed responsibility for any social service work which may be needed in connection with the cases seen at these clinics. The article by Dr. Lovett entitled "The Management of Poliomyelitis with a View to Minimizing Ultimate Disability," was printed in the *Medical Record* of October 21, 1916, and the New York State Department of Health, Albany, should be addressed for bulletins dealing with the recent epidemic.—*E. L. F.*